

CLAIMS ONLY.

Application Number

101784,708

"Filling" Date

Applicān(s)

| CLAIMS | AS FILED 9/11/9 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|--------------------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| 12 | X | X | | | | |
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| 19 | X | X | | | | |
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| Total Indep. | 3 | | | | | |
| Total Depend. | 17 | | | | | |
| Total Claims | 20 | | | | | |

| May be used for additional claims or amendments | | | | | | |
|---|--------|---------|--------|---------|--------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | | | | | | |
| Total Depend. | | | | | | |
| Total Claims | | | | | | |